										Application or Docket Number					
	PATENT A		eci i	-/	ب بدی										
				Decemb	_						<u> </u>	. 7 6	145		
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE				OTHER THAN OR SMALL ENTITY		
FOR			NUMBER FILED			NUMBER EXTRA			RATI	Ē ]	FEE		RATE	FEE	
ВА	SIC FEE	 							345.00		OR		690.00		
то	TAL CLAIMS		// minus 20=			•			X\$ 9=			OR	X\$18=		
INDEPENDENT CLAIMS			.3 minus 3 =			•			X39=			OR	X78=		
MU	LTIPLE DEPEN	DENT CLA	CLAIM PRESENT						+130=			OR	+260=		
• If	* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL 34500			TOTAL		
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)									SMAI	L <b>i</b> I	ENTITY	OR	OTHER SMALL I		
$\vdash$	例が発送物物	/- (Column			_(	Column 2) HIGHEST	(Column 3)				ADDI-	)   		ADDI-	
AMENDMENT A		REMAINI AFTER AMENDMI	NG R			NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATI	E	TIONAL FEE		RATE	TIONAL	
Ž D M	Total	. 3		Minus	••	20	=		X\$ 9	==		ΟŖ	X\$18=		
MEI	Independent	. 2		Minus	••	・3	=		X39:			OR	X78=		
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM														
,								L	+130			OR	+260=		
								A	TOT DOIT. F			OR	TOTAL ADDIT. FEE	L	
		(Column		·					::						
AMENDMENT B		CLAIM REMAINI AFTER AMENDM	NG R		P	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATI	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•		Minus	*	•	=		X\$ 9	=		OR	X\$18=		
	Independent	•		Minus	**		2	r	X39=			OR	X78=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										=		OR	+260=		
										ΓAL		ا م	TOTAL		
(Oakima 4) (Oakima 0) (Oakima 0)									ODIT. F	·ΕΕΙ	·	J - ' '	ADDIT. FEE		
(Column 1) (Column 2) (Column 3)															
AMENDMENT C		REMAINI AFTER AMENDM	NG R	4.43	P	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Š	Total	•		Minus	••		=	T	X\$ 9	<b>z</b> .		OR	X\$18=	•	
ME	Independent	• .	Minus		•		=	H	X39:			OR	X78=		
<b>14</b>	LEIDOT DOCOC	AITATION (	25 841	II TIME C DES	254	DENT OF AIM		•			1		2		

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875 (Rev. 12/99)

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

OR

+260=

ADDIT. FEE

+130=